ALTERNATIVE SOURCING CONFERENCE

6 January 2004

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Overview – One Over the World

- Land power theory
- Abrams' doctrine
- First Gulf War
- Rightsizing of the 90's
- September 11, 2001
- 10-15 yr GWOT
- This conference

Breaking New Ground

- Operating as a joint team in the operational environment well established
- Work together in GME / provision of services under OSD / TMA umbrella
- Multiservice market management under TNEX
- Questionable tasking authority transcends Title X

Army Sitrep

- Total requirement over 2000 personnel
- Missions MSU, Medical Holdover, Bed Expansion, Backfill, Replacement of Borrowed Military Manpower
- Can't do this by asking for volunteers

Army Sitrep

- Have leaned heavily on RC medical assets
- 90 day "Boots on the Ground" RC policy for personnel pacing items (docs, dentists, CRNA's)
- 18 month stabilization after 90 day rotations
- RC recruiting and retention suffering
- RC is 'Out of Schlitz" for a number of critical skillsets

Alternative Sources

- Other services AF, AFR, Navy
- Interagency cooperation PHS, VA
- Contracting
- GS Temp and Term employees
- RC volunteers
- Both MEDCOM and Regional Medical Command Initiatives

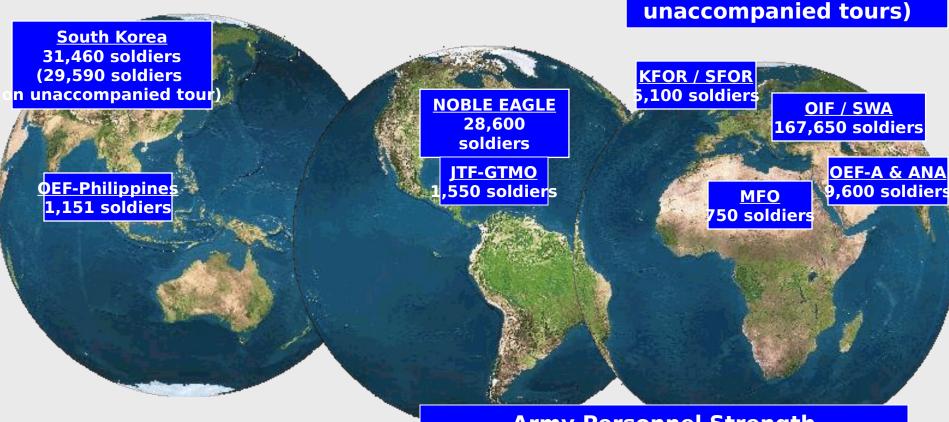
Realities

- This is new work regardless of who does it
- We don't have the authority to tell you what to stop doing in order to be able to help us out
- Attendees at this conference don't have decision authority
- This conference will start a process but we will be far from done when we go home

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Army Global Commitments

368,900 soldiers overseas in 120 countries (approx. 215,000 on unaccompanied tours)



- 24 of 33 (73%) AC BCTs deployed overseas in

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Army Personnel Strength
Component Currently

- Active: Deployed 485,000

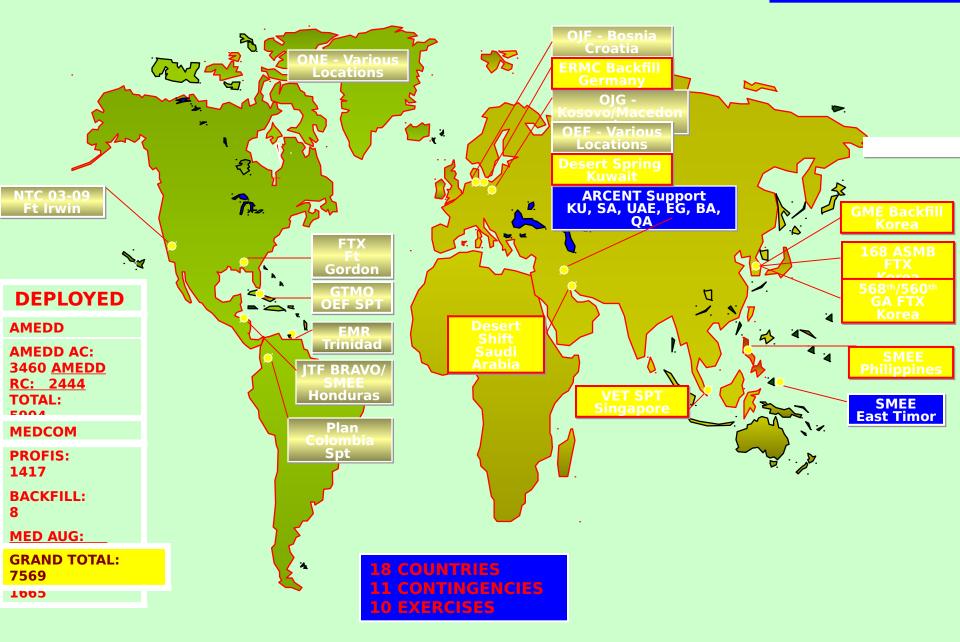
232,759

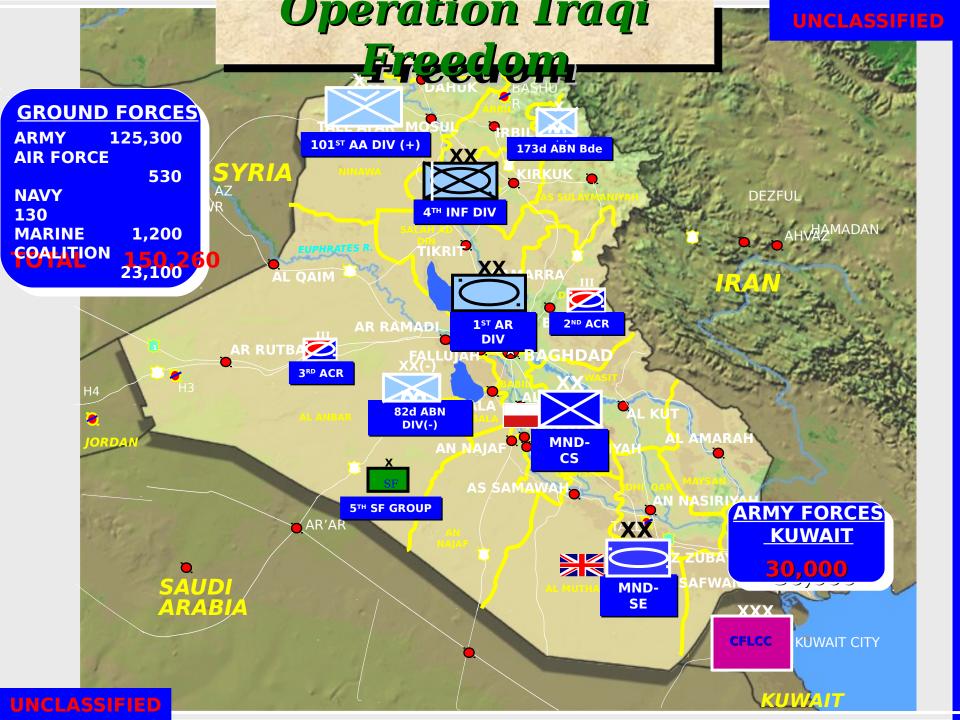
- Reserve: 206,000

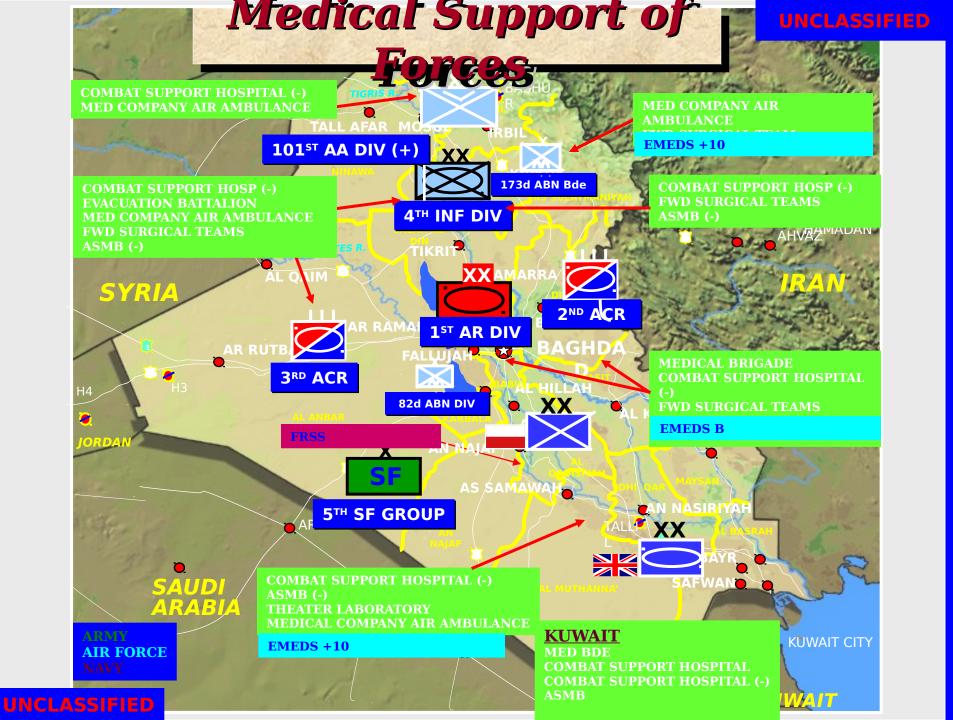
61,590

AMEDD GLOBAL ENGAGEMENTS

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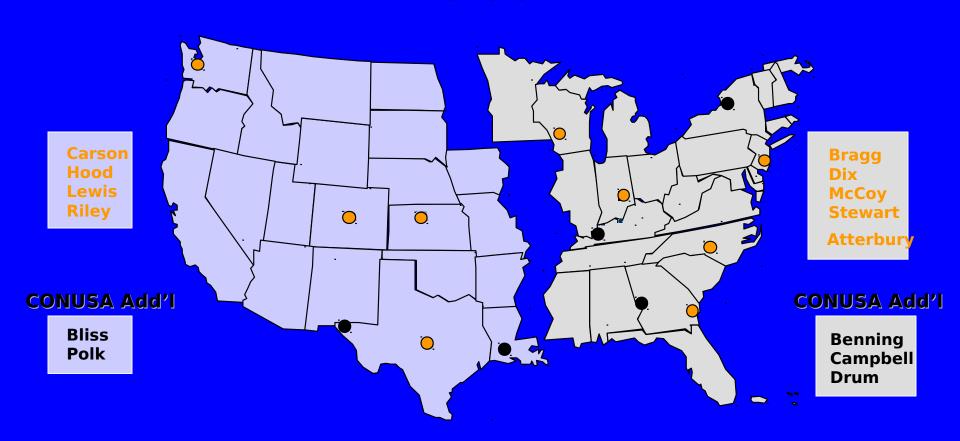
European Regional Medical Command

- Landstuhl Regional Medical Center intermediate staging facility for service members evacuated from the AOR (mission requires augmentation package of over 300 personnel)
- Wuerzberg Medical Department Activity – 67th CSH is embedded in the MEDDAC (another 300 personnel)

16 PPP/PSP

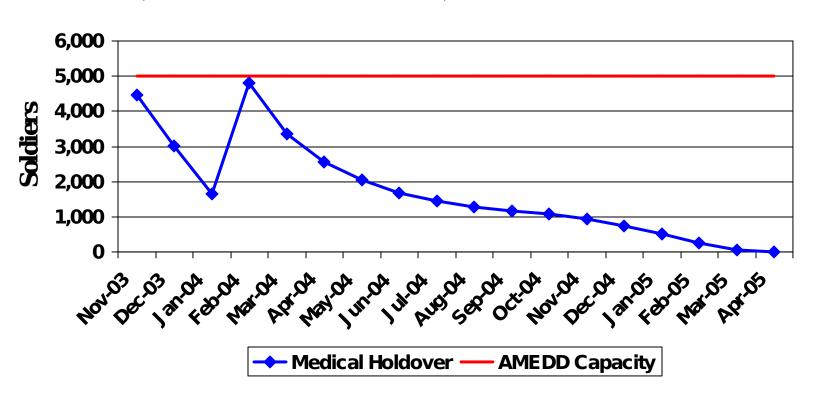


9 Enduring PPP/PSP Plus CONUSA Additional 16 Oct



Scenario 3 Existing backlog + 4,000 New

4,000 Soldiers Enter MHO + 4,452 Pre-25 Oct MHO



Additional MTF Personnel Requested for Most Care In-House

	NARMC	SERMC	GPRMC	WRMC	Total
Case Managers	32	14	35	8	89
Primary Care	14	13	14	2	43
General Surgery	2	1	0	1	4
ENT	1	0	0	0	1
Medical Subspecialists	1.5	0	0	0	5
Psychiatry	2	0	2	0	4
Anesth	0	1	0	3	4
Ortho	6	4	18	1	29
Other Providers	9	8	29	3	49
Clinical Support Staff	26	23	41	12	102
Administrative Supprt	33	22	12	21	88
Ancillary Support	7	18	32	6	63
Diagnostic Support	5	5	21	3	34
Operating Room Staff	8	10	44	0	62
MEB/PEB Support	6	5	23	3	37
PEBLO	9	8	11	2	30
	161.5	132	282	65	644

Estimate of \$47.6 Million

Additional MTF Personnel Must Fund for MEB Management

	Total FTEs	Cost per FTE	Total Cost	Plus 15%
Case Managers	89	75,000	\$6,675,000	\$7,676,250
Primary Care Provider	92	120,000	\$11,040,000	\$12,696,000
Clinical Support Staff	100	75,000	\$7,500,000	\$8,625,000
Administrative Support	90	50,000	\$4,500,000	\$5,175,000
MEB/PEB Support	37	50,000	\$1,850,000	\$2,127,500
PEBLOS	30	50,000	\$1,500,000	\$1,725,000
Total	438	420,000	\$33,065,000	\$38,024,750

Community Based Health Care Initiate Pilot Program - Proposed Locations

ARNG Lead Sites

- Puerto Rico-3,076
- Arkansas-1,215
- (Northern) California-5,317
- Florida-5,316
- Indiana-2,155
- Kentucky (to include Tennessee)-3,684
- Massachusetts-1,332
- Utah (to include Arizona)-3,178
- Virginia-2,372
- Wisconsin-2,066

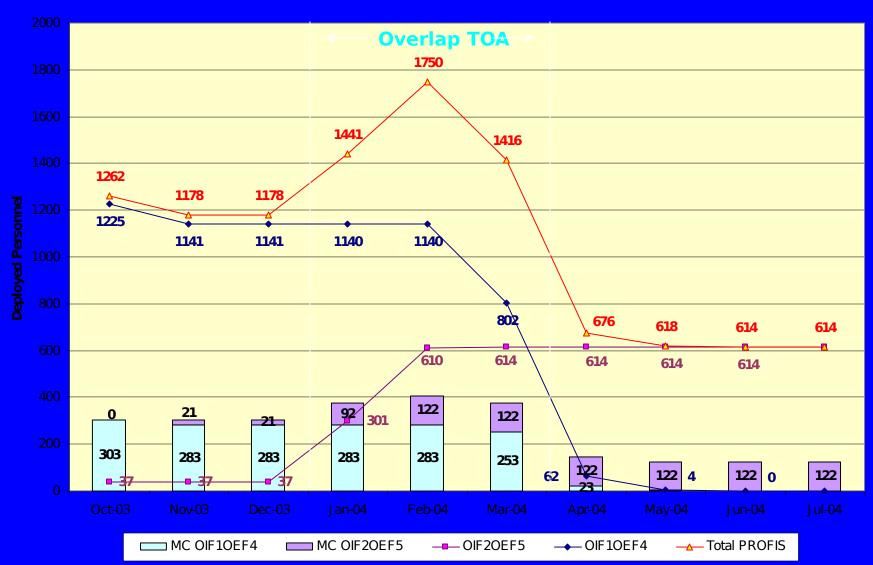
USAR Lead Sites

- 81st RRC (Alabama)-3,703
- 99th RRC (Pennsylvania / New Jersey)-6,324
- 63rd RRC (Southern California)-5,317

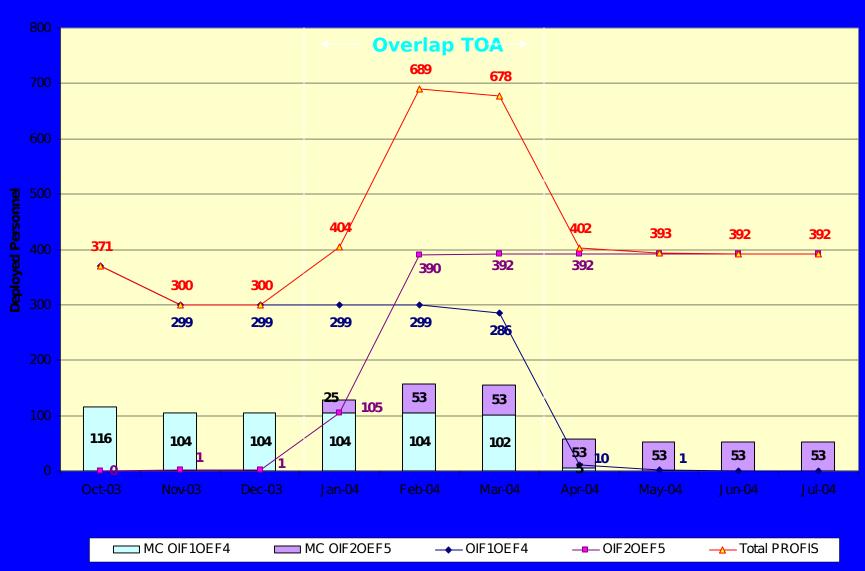
Number represents mobilized soldiers from state area.

Services from all sites and provided to COMPO 2 or

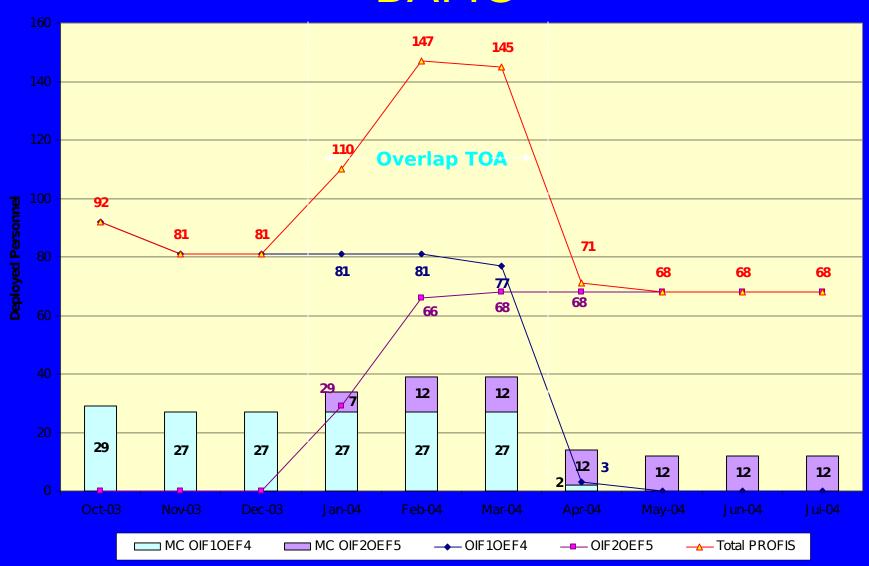
DEPLOYED PROFIS MEDCOM



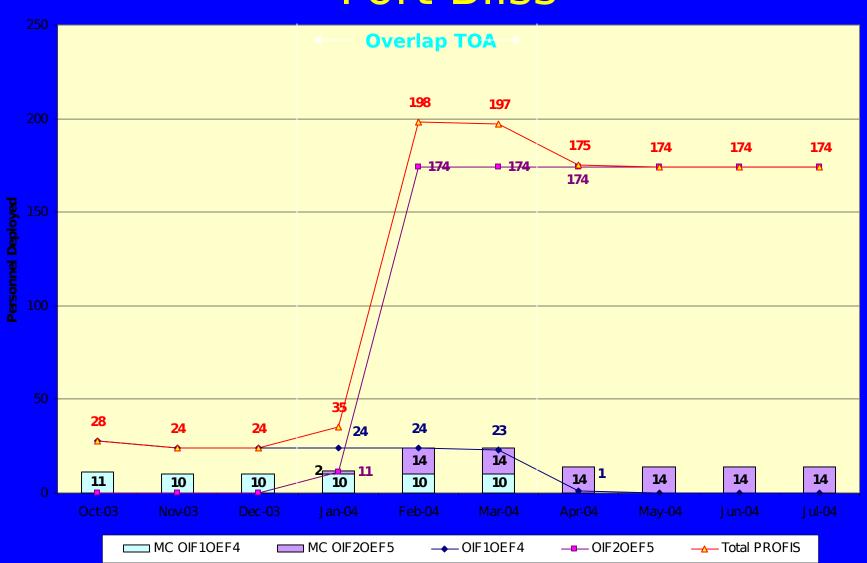
DEPLOYED PROFIS GPRMC



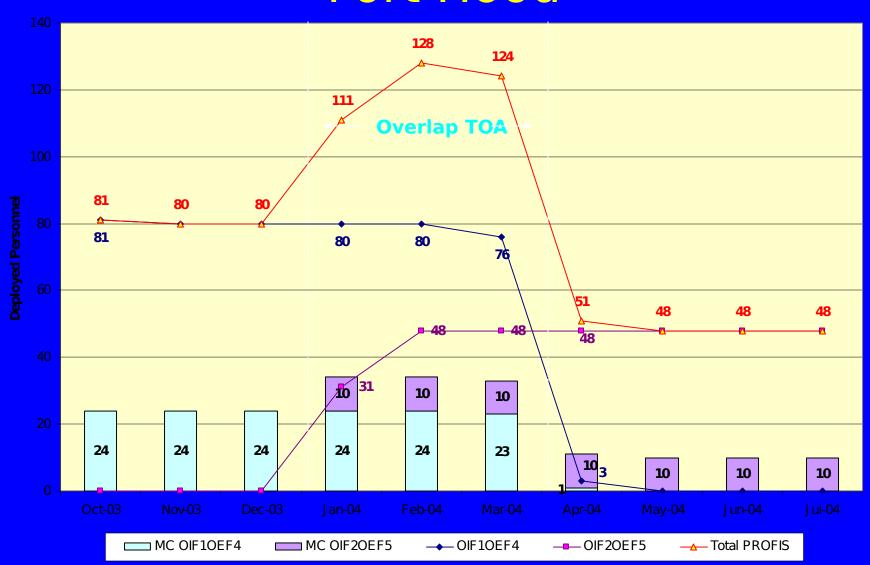
DEPLOYED PROFIS BAMC



DEPLOYED PROFIS Fort Bliss



DEPLOYED PROFIS Fort Hood



Summary

- We sure could use some help
- Looking for individial volunteers won't get us very far
- Regional and MEDCOM-wide initiatives already underway
- At some point very soon, commitment of other services, agencies in this room will need to be stated